

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | T-G | | 12/3/01 |
| O.I.P.E. CLASSIFIER | | 12 | 12-14-01 |
| FORMALITY REVIEW | m | 905 | 12/19/01 |
| RESPONSE FORMALITY REVIEW | KL | 1019 | 05-15-02 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|----------------|--------|
| Final Original | |
| 1 | 7/2/03 |
| 2 | ✓ |
| 3 | ✓ |
| 4 | ✓ |
| 5 | ✓ |
| 6 | ✓ |
| 7 | ✓ |
| 8 | ✓ |
| 9 | ✓ |
| 10 | ✓ |
| 11 | ✓ |
| 12 | ✓ |
| 13 | ✓ |
| 14 | ✓ |
| 15 | ✓ |
| 16 | ✓ |
| 17 | ✓ |
| 18 | ✓ |
| 19 | ✓ |
| 20 | ✓ |
| 21 | ✓ |
| 22 | ✓ |
| 23 | ✓ |
| 24 | ✓ |
| 25 | ✓ |
| 26 | ✓ |
| 27 | ✓ |
| 28 | ✓ |
| 29 | N |
| 30 | N |
| 31 | N |
| 32 | N |
| 33 | N |
| 34 | N |
| 35 | N |
| 36 | N |
| 37 | N |
| 38 | N |
| 39 | ✓ |
| 40 | ✓ |
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| Claim | Date |
|----------------|------|
| Final Original | |
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| Claim | Date |
|----------------|------|
| Final Original | |
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If more than 150 claims or 10 actions
staple additional sheet here

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3C978 U.S. PTO

304-905

352
12-19-01

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05/15/02